

Weekly Employee Survey Form

Please read attached instructions before completing the survey

Employee Information

Name: _____

Employee I.D.#: _____ Dept./Section: _____

Phone Ext.: _____ Home Zip Code: _____ Miles to Worksite (one way): _____

Signature: _____ Date: _____

Mode	Scheduled Report Time	Mon	Tue	Wed	Th	Fri	(circle am or pm as applicable)
		a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
A. Drive Alone							
B. Motorcycle							
C. 2 persons in vehicle							
D. 3 persons in vehicle							
E. 4 persons in vehicle							
F. 5 persons in vehicle							
G. 6 persons in vehicle							
H. 7 persons in vehicle							
I. 8 persons in vehicle							
J. 9 persons in vehicle							
K. 10 persons in vehicle							
L. 11 persons in vehicle							
M. 12 persons in vehicle							
N. 13 persons in vehicle							
O. 14 persons in vehicle							
P. 15 persons in vehicle							
Q. Bus							
R. Rail/plane							
S. Walk							
T. Bicycle							
U. Electric vehicle (or other Zero Emission veh.)							
V. Telecommute (reduction of more than 50% of trip)							
W. Noncommuting							

Compressed Work Week Day(s) Off

X. 3/36 work week days off (2 days)					
Y. 4/40 work week day off (1 day)					
Z. 9/80 work week day off (1 day)					

Other Days Off

AA. Vacation					
BB. Sick					
CC. Other					

You should have only 5 (five) check marks for the entire survey week.